

*Landscape of Plan
Options in
North Dakota
2007*

Medicare_{Rx}
Prescription Drug Coverage

Medicare Advantage Cost Plans and Demonstrations

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North Dakota 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Adams	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Adams	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Adams	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Adams	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Adams	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Adams	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Adams	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Adams	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Adams	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Adams	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Adams	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Barnes	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Barnes	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Barnes	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Barnes	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Barnes	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Barnes	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Barnes	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Barnes	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Barnes	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Barnes	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Barnes	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Barnes	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Barnes	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Barnes	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Barnes	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Barnes	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Barnes	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	\$0.00					
Barnes	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Barnes	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Barnes	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Barnes	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Barnes	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Barnes	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Benson	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Benson	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Benson	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Benson	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Benson	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Benson	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Benson	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Benson	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Billings	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Billings	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Billings	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Billings	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Billings	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•

North Dakota 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Billings	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Billings	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Billings	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Billings	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Billings	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Billings	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Billings	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Billings	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Billings	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Billings	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Bottineau	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Bottineau	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Bottineau	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Bottineau	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Bottineau	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Bottineau	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Bottineau	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Bottineau	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Bottineau	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Bowman	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Bowman	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Bowman	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Bowman	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Bowman	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Bowman	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Bowman	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Bowman	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Burke	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Burke	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Burke	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Burke	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Burke	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Burke	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Burke	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Burke	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Burke	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Burke	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Burleigh	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Burleigh	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Burleigh	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Burleigh	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Burleigh	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Burleigh	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Burleigh	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Burleigh	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Burleigh	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Burleigh	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Burleigh	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Burleigh	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					

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* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Burleigh	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Burleigh	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Burleigh	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Cass	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Cass	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Cass	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Cass	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Cass	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Cass	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Cass	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Cass	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Cass	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Cass	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Cass	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Cass	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Cass	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Cass	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Cass	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Cass	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Cass	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Cass	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Cass	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Cass	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Cass	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Cass	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Cass	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Cavalier	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Cavalier	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
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Cavalier	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
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Cavalier	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Cavalier	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Cavalier	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Cavalier	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Cavalier	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Cavalier	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Cavalier	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
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Dickey	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
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Dickey	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Dickey	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Dickey	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Dickey	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					

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Dickey	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
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Divide	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Divide	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
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Divide	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Divide	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Divide	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Divide	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Divide	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Divide	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Divide	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Dunn	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Dunn	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Dunn	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Dunn	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Dunn	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Dunn	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Dunn	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Dunn	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Dunn	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Dunn	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Eddy	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Eddy	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Eddy	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Eddy	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Eddy	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Eddy	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Eddy	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Eddy	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Eddy	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	\$0.00					
Eddy	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Eddy	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Eddy	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Eddy	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Eddy	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Eddy	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Emmons	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Emmons	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Emmons	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Emmons	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•

North Dakota 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Emmons	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Emmons	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Emmons	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Emmons	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Emmons	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Emmons	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Foster	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Foster	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Foster	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Foster	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Foster	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Foster	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Foster	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Foster	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Foster	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Foster	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Golden Valley	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Golden Valley	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Golden Valley	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Golden Valley	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Golden Valley	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Golden Valley	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Golden Valley	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Golden Valley	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Golden Valley	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Golden Valley	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Golden Valley	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Golden Valley	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Golden Valley	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Golden Valley	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Golden Valley	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Grand Forks	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Grand Forks	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Grand Forks	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Grand Forks	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Grand Forks	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Grand Forks	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Grand Forks	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Grand Forks	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Grand Forks	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Grand Forks	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Grand Forks	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Grand Forks	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Grand Forks	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Grand Forks	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Grant	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Grant	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Grant	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•

North Dakota 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Grant	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Grant	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Grant	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Grant	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Grant	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Grant	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Grant	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Griggs	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Griggs	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Griggs	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Griggs	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Griggs	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Griggs	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Griggs	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Griggs	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Griggs	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Griggs	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Griggs	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Griggs	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Griggs	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Griggs	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Griggs	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Hettinger	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Hettinger	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Hettinger	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Hettinger	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Hettinger	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Hettinger	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Hettinger	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Hettinger	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Hettinger	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Hettinger	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Kidder	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Kidder	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Kidder	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Kidder	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Kidder	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Kidder	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Kidder	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Kidder	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Kidder	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Kidder	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Kidder	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Kidder	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Kidder	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Kidder	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Kidder	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
LaMoure	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					

North Dakota 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
LaMoure	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
LaMoure	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
LaMoure	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
LaMoure	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
LaMoure	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
LaMoure	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
LaMoure	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
LaMoure	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
LaMoure	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
LaMoure	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
LaMoure	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
LaMoure	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
LaMoure	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
LaMoure	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
LaMoure	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
LaMoure	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
LaMoure	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
LaMoure	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Logan	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Logan	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Logan	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Logan	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Logan	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Logan	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Logan	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Logan	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Logan	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Logan	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
McHenry	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
McHenry	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
McHenry	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
McHenry	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
McHenry	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
McHenry	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
McHenry	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
McHenry	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
McHenry	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
McHenry	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
McIntosh	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
McIntosh	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
McIntosh	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
McIntosh	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
McIntosh	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
McIntosh	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
McIntosh	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
McIntosh	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
McKenzie	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					

North Dakota 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
McKenzie	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
McKenzie	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
McKenzie	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
McKenzie	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
McKenzie	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
McKenzie	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
McKenzie	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
McKenzie	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
McKenzie	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
McKenzie	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
McKenzie	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
McKenzie	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
McKenzie	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
McKenzie	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
McLean	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
McLean	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
McLean	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
McLean	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
McLean	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
McLean	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
McLean	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
McLean	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
McLean	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
McLean	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Mercer	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Mercer	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Mercer	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Mercer	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Mercer	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Mercer	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Mercer	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Mercer	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Mercer	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Mercer	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Mercer	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Morton	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Morton	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Morton	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Morton	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Morton	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Morton	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Morton	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Morton	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Morton	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Morton	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Mountrail	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Mountrail	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Mountrail	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Mountrail	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Mountrail	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•

North Dakota 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Mountrail	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Mountrail	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Mountrail	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Mountrail	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Mountrail	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Mountrail	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Mountrail	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Mountrail	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Mountrail	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Mountrail	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Nelson	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Nelson	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Nelson	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Nelson	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Nelson	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Nelson	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Nelson	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Nelson	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Oliver	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Oliver	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Oliver	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Oliver	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Oliver	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Oliver	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Oliver	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Oliver	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Oliver	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Oliver	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Pembina	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Pembina	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Pembina	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Pembina	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Pembina	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Pembina	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Pembina	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Pembina	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Pembina	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Pembina	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Pembina	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Pembina	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Pembina	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Pembina	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Pembina	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Pierce	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Pierce	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Pierce	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Pierce	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Pierce	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Pierce	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•

North Dakota 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Pierce	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Pierce	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Ramsey	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Ramsey	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Ramsey	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Ramsey	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Ramsey	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Ramsey	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Ramsey	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Ramsey	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Ramsey	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	\$0.00					
Ramsey	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Ramsey	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Ramsey	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Ramsey	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Ramsey	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Ramsey	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Ransom	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Ransom	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Ransom	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Ransom	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Ransom	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Ransom	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Ransom	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Ransom	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Ransom	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Ransom	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Ransom	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Ransom	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Ransom	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Ransom	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Ransom	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Ransom	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Ransom	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Ransom	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Renville	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Renville	Advantra® Freedom	Freedom 5 (H5227-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Renville	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Renville	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Renville	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Renville	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Renville	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Renville	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Renville	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Renville	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Renville	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Renville	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Renville	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					

North Dakota 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Renville	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Renville	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Renville	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Richland	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Richland	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Richland	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Richland	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Richland	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Richland	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Richland	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Richland	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Richland	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Richland	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Richland	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Richland	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Richland	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Richland	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Richland	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Richland	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Richland	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	\$0.00					
Richland	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Richland	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Richland	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Richland	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Richland	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Richland	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Rolette	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Rolette	Aetna Medicare	Aetna Medicare Open Plan (H5736-002)	PFFS	\$80.00	\$21.80	\$265	Basic		
Rolette	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Rolette	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Rolette	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Rolette	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Rolette	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Rolette	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Rolette	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Rolette	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Sargent	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Sargent	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Sargent	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Sargent	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Sargent	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Sargent	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Sargent	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Sargent	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Sargent	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Sargent	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Sargent	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•

North Dakota 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Sargent	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Sargent	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Sargent	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Sargent	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Sargent	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Sheridan	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Sheridan	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Sheridan	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Sheridan	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Sheridan	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Sheridan	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Sheridan	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Sheridan	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Sheridan	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Sheridan	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Sioux	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Sioux	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Sioux	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Sioux	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Sioux	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Sioux	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Sioux	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Sioux	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Sioux	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Sioux	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Sioux	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Sioux	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Sioux	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Sioux	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Sioux	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Slope	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Slope	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Slope	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Slope	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Slope	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Slope	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Slope	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Slope	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Slope	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Slope	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Slope	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Stark	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Stark	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Stark	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Stark	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Stark	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Stark	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Stark	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•

North Dakota 2007 Medicare Advantage, Cost, and Demonstration Plans

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* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Stark	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Stark	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Stark	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Stark	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Statewide	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Statewide	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Statewide	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Statewide	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Steele	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Steele	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Steele	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Steele	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Steele	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Steele	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Steele	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Steele	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Steele	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Steele	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Steele	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Steele	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Steele	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Steele	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Steele	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Steele	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Stutsman	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Stutsman	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Stutsman	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Stutsman	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Stutsman	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Stutsman	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Stutsman	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Stutsman	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Stutsman	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Stutsman	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Stutsman	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Stutsman	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Stutsman	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Stutsman	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Stutsman	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Stutsman	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Stutsman	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 1 (H5435-001)	PFFS *	\$0.00					
Stutsman	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Stutsman	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Stutsman	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Stutsman	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Stutsman	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					

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* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Stutsman	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Towner	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Towner	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Towner	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Towner	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Towner	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Towner	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Towner	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Towner	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Towner	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Towner	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Towner	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Trails	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Trails	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Trails	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Trails	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Trails	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Trails	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Trails	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Trails	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Trails	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Trails	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Trails	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Trails	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Trails	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Trails	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Trails	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Trails	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Trails	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Trails	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Trails	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Trails	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Trails	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Trails	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Trails	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Walsh	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Walsh	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Walsh	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Walsh	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Walsh	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Walsh	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Walsh	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Walsh	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Walsh	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Walsh	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Ward	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Ward	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Ward	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•

North Dakota 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Ward	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Ward	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Ward	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Ward	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Ward	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Ward	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Ward	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Ward	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Ward	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Ward	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Ward	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Ward	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Wells	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Wells	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Wells	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Wells	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Wells	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Wells	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Wells	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Wells	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Wells	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Wells	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Wells	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Williams	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Williams	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Williams	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Williams	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Williams	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Williams	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Williams	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Williams	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Williams	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 1 (H5435-001)	PFFS *	\$0.00					
Williams	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Rx Plan 55 (H5435-014)	PFFS	\$10.30	\$10.30	\$265	Basic		
Williams	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Williams	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Williams	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Williams	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Williams	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Williams	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•